

healthy teeth = healthy body



arkansas
medicaid's
dental care
for adults



Keeping your teeth healthy can help your whole body stay well. If your mouth and teeth are clean, you might not get sick as much. That's why Arkansas Medicaid now pays for some kinds of dental care for adults.



Who can get Medicaid dental care for adults?

All adults who are on regular Medicaid can get some dental care. You **cannot** get Medicaid dental care if:

- You are a Qualified Medicare Beneficiary (QMB).
- You are on Tuberculosis (TB) Medicaid.
- You are on Family Planning Medicaid.
- You are on BreastCare.

When does Medicaid's dental care start?

July 1, 2009

How do I find a dentist?

Call a dentist and ask if they accept adult Medicaid, or visit **www.seeyourdoc.org**, or call 1-800-322-5580 (TDD 1-800-285-1131).

What will Medicaid pay for?

Medicaid will pay up to \$500 a year for most dental care — from July 1 to June 30 of each year.

- ONE office visit
- ONE fluoride treatment (to help stop cavities)
- ONE cleaning
- ONE set of X-rays

Some things Medicaid will pay for do not count toward your \$500 limit.

- Extractions
- Payment to lab only for complete dentures (ONE per lifetime)
- Payment to lab only for partial dentures (ONE per lifetime)

If your dentist says you need it, Medicaid will pay for:

- ONE set of complete dentures per lifetime
- Fillings
- Simple tooth pulling
- Surgical tooth pulling (Medicaid must approve it first)

Your dentist may say you need other types of dental care. It is up to you to make sure that Medicaid covers it. The next pages of this booklet show you a complete list of what Medicaid will pay for. Save this list so you and your dentist can see what Medicaid will pay.

Arkansas Medicaid Adult dental services

DESCRIPTION OF PROCEDURE	PRIOR APPROVAL REQUIRED?	ADULT LIMITATION
Periodic oral evaluation	No *	1 per year
Limited oral evaluation — problem focused	No *	
Intraoral — periapical first film	No *	
Intraoral — periapical each additional film	No *	
Bitewings — two films	No *	1 per year
Panoramic film	No *	1 every 5 years
Prophylaxis adult	No *	1 per year
Topical application of fluoride (prophylaxis not included) — Adult	No *	1 per year
Tobacco counseling for the control/prevention of oral disease	No *	
Amalgam — one surface, primary or permanent	No *	
Amalgam — two surfaces, primary or permanent	No *	
Amalgam — three surfaces, primary or permanent	No *	
Amalgam — four or more surfaces, primary or permanent	No *	
Resin-based composite — one surface, anterior	No *	
Resin-based composite — two surfaces, anterior	No *	
Resin-based composite — three surfaces, anterior	No *	
Resin-based composite — four or more surfaces or involving incisal angle anterior	Yes *	
Recement crown	No *	
Prefabricated stainless steel crown — permanent tooth	Yes *	
Periodontal scaling and root planing — four or more contiguous	Yes *	
Full mouth debridement to enable comprehensive evaluation and diagnosis	Yes *	
Periodontal maintenance	Yes *	

*Counts toward \$500 total yearly benefit limit, for the period July 1–June 30.

DESCRIPTION OF PROCEDURE	PRIOR APPROVAL REQUIRED?	ADULT LIMITATION
Complete denture — maxillary	No†	1 per lifetime
Complete denture — mandibular	No†	1 per lifetime
Maxillary partial denture — resin base (including any conventional)	Yes †	1 per lifetime
Mandibular partial denture — resin base (including any conventional)	Yes †	1 per lifetime
Repair resin denture base	Yes*	
Replace broken teeth — per tooth	Yes*	
Add tooth to existing partial denture	Yes*	
Adjust complete denture — maxillary	Yes*	3 per lifetime
Adjust complete denture — mandibular	Yes*	3 per lifetime
Recement fixed partial denture	Yes*	
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No	
Surgical removal of erupted tooth requiring elevation of mucoperiosteum	Yes	
Removal of impacted tooth — soft tissue	Yes	
Removal of impacted tooth — partially bony	Yes	
Removal of impacted tooth — completely bony	Yes	
Removal of impacted tooth — completely bony, with unusual surgical complications	Yes	
Alveoplasty in conjunction with extraction — four or more teeth or tooth spaces, per quadrant	Yes*	
Surgical removal of residual tooth roots (cutting procedure)	Yes	
Biopsy of oral tissue — hard (bone, tooth)	Yes*	
Biopsy of oral tissue — soft (all others)	Yes*	
Removal of torus palatinus	Yes*	1 per lifetime
Removal of torus mandibularis	Yes*	1 per lifetime
Incision and drainage of abscess — intraoral soft tissue	Yes*	
Palliative (emergency) treatment of dental pain — minor procedure	Yes*	
Behavior management, by report — reported in 1.5-minute increments (tobacco cessation)	Yes	

*Counts toward \$500 total yearly benefit limit, for the period July 1–June 30.

†Payment to dentist counts toward \$500 yearly limit;
payment to lab for manufacture of dentures does not count.





**For more
information:**

www.seeyourdoc.org

1-800-322-5580

www.medicaid.state.ar.us

1-800-482-5431

www.afmc.org/bene





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